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APPLICANTS

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** CONTINUING DATA *****
 None

** FOREIGN APPLICATIONS *****
 FRANCE 02 11948 09/26/2002

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY FRANCE	SHEETS DRAWING 2	TOTAL CLAIMS 41	INDEPENDENT CLAIMS 1
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35 USC 119 (a-d) conditions met
☒ yes ☐ no ☐ Met after Allowance

Verified and Acknowledged
 Examiner's Signature: [Signature] Initials: [Initials]

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TITLE
 Radiological imaging apparatus with detection of a compression pad

FILING FEE RECEIVED 1258	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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